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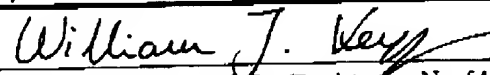
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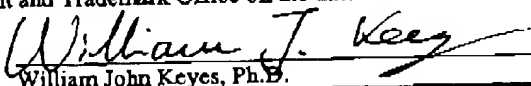
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/927,863	
	Filing Date	August 10, 2001	
	First Named Inventor	H. Bamnolker at al.	
	Group Art Unit	1765	
	Examiner Name	Lynette T. Umez-Eronini	
Total Number of Pages in This Submission	11	Attorney Docket Number	09799940-0097

ENCLOSURES (check all that apply)						
<input checked="" type="checkbox"/> Transmitted herewith is the Request for Reconsideration. <input checked="" type="checkbox"/> The fee has been calculated as shown below:						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	30	-	30	0	<input type="checkbox"/> x \$9.00 <input type="checkbox"/> x \$18.00	\$0
INDEPENDENT CLAIMS	3	-	3	0	<input type="checkbox"/> x \$42.00 <input type="checkbox"/> x \$84.00	\$0
APPLICATION AMENDED TO CONTAIN ANY MULTIPLE DEPENDENT CLAIMS NOT PREVIOUSLY PAID FOR				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> x \$140.00 <input type="checkbox"/> x \$280.00 ONE TIME	\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0
<input type="checkbox"/> Applicant petitions the Commissioner for Patents to extend the time for responding to the Office Action dated _____ by _____ month(s) for a fee of \$_____ so that the period for response is extended to _____ under 37 C.F.R. § 1.321. <input type="checkbox"/> The amount of \$_____ for the Terminal Disclaimer under 37 C.F.R. § 1.321 is included in the enclosed check. <input type="checkbox"/> The amount of \$_____ for the Amendment under 37 C.F.R. § 1.312(b) is included in the enclosed check. <input type="checkbox"/> The enclosed credit card payment form to charge the amount of \$_____ covers the extension and claim fees. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to Account No. 19-3140. A duplicate of this sheet is enclosed.						

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
14. <input checked="" type="checkbox"/> Customer No. 26263 Dated: September 08, 2003	 William John Keyes, Ph.D., (Registration No. 54,218)

CERTIFICATE OF FACSIMILE	
I hereby certify that this correspondence is being sent via facsimile (703) 872-9306 to Examiner Lynette T. Umez-Eronini, Group Art Unit No. 1765 at the United States Patent and Trademark Office on the date indicated below.	
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